

**BEST AVAILABLE COPY**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE						
						APPLICANT(S)								
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			*			
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<b>TOTAL IND.</b>	<b>16</b>													
<b>TOTAL DEP.</b>	<b>6</b>		↓		↓									
<b>TOTAL CLAIMS</b>	<b>16</b>													